

MAY-04-2015 16:10

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L15000067562

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000109001 3)))



H150001090013ABCR

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Division of Corporations
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Account Number : 105256001620
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PICKCODERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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15 MAY -4 PM 12:00

DIVISION OF CORPORATIONS
INFORMATION SERVICES

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Corporate Filing Menu

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Tax Credit # H150001090013

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PickCoders LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAY -4 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/17/2015 and assigned
Florida document number L15000067562

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR - Manager

AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	PRUDENTIA MANAGEMENT CONSULTING GROUP LLC	8154 OLD MILL RD	☐ Add
		FRANKFORT, IL 60423	☒ Remove
MGR	Anthony Jackovich	8154 OLD MILL RD	☒ Add
		FRANKFORT, IL 60423	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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Tax Credit # H150001090013

Fax Audit #H150001090013

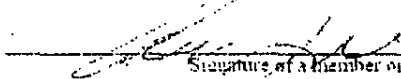
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article IV Managers/Members

The management of the limited liability company is reserved for the managers and the name and

address of manager of the Limited Liability Company is:

Anthony Jackovich, 8154 Old Mill Rd. Frankfort, Illinois 60423

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605,0207 (3)(b))Dated MAY 1 2015

Signature of a member or authorized representative of a member

Anthony Jackovich

Typed or printed name of signer

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Filing Fee: \$25.00

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